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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	KOCH, Fred A.
Title	FLUIDIZED BED WASTEWATER
Art Unit	
Examiner Name	
Attorney Docket Number	U008 0586

I hereby appoint

 Practitioners associated with the Customer Number:

000720

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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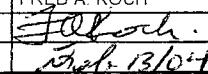
 The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City			
Country			
Telephone			Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	FRED A. KOCH		
Signature			
Date	<i>13/04</i>	Telephone	604-733-0840

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input type="checkbox"/>	Firm or Individual Name			
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Address				
City		State		Zip
Country				
Telephone		Fax		

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	DONALD S. MAVINIC		
Signature			
Date	3/04	Telephone	604-987-4153

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Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	KOCH, Fred A.
Title	FLUIDIZED BED WASTEWATER...
Art Unit	
Examiner Name	
Attorney Docket Number	U008 0586

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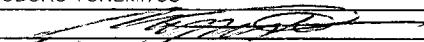
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OR

<input type="checkbox"/>	Firm or Individual Name			
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Address				
City		State		Zip
Country				
Telephone		Fax		

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	NOBORU YONEMITSU		
Signature			
Date	3/26/04	Telephone	604-224-5269

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

 \*Total of 3 forms are submitted.

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Filing Date	Herewith
First Named Inventor	KOCH, Fred A.
Title	FLUIDIZED BED WASTEWATER TREATMENT
Art Unit	
Examiner Name	
Attorney Docket Number	U008 0687

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

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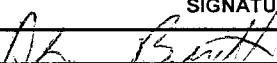
 The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
<input type="checkbox"/> Address			
<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> Zip	
<input type="checkbox"/> Country			
<input type="checkbox"/> Telephone	<input type="checkbox"/> Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	July 10 2008
Name	Ahren Thomas BRITTON	Telephone	1-636-966-5945
Title and Company	CTO	Ostara Nutrient Recovery Tech. Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of ONE forms are submitted.

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